

Introduction

-- Survey Deadline Extended to June 30, 2007 --

Dear Hampton Roads Transportation Stakeholders:

The federal surface transportation statute called SAFETEA-LU makes some new funding available to improve transportation services for older adults, persons with disabilities, and low-income individuals and communities. In order to be able to use these funds, public and private agencies in the Hampton Roads area are developing a Coordinated Public Transit-Human Services Transportation Plan, known more briefly as the *Coordinated Plan*.

Thank you again to all of you who were able to attend our March meetings to kick off the Coordinated Plan process, or who contacted us to find out more about the project. Information from those meetings will be posted on this site shortly.

We are now ready to embark on a critical next step, and hope that you will be willing to continue to participate by providing information about the transportation services that your organization or agency provides or uses for clients and/or others. To do this, we have developed a brief survey that you will be able to fill in and complete online. We hope this will be easier for you to respond, and it will help us to get the results quicker and more accurately than otherwise.

To get a preview of the full survey, and to help you identify what information you will need to complete the survey, please [click here](#). When you are ready to complete the actual survey, click on "Next" at the bottom of this page to start. Once you start filling in the actual survey, you can move forward or back at any time if you need to check your responses. You will also be able to leave the survey and then resume it later if you want – just hit "Exit this survey" at the top right of the page you want to leave from. SurveyMonkey places a cookie on the your browser, so you will need to use the same computer to resume the survey. The survey link remembers where you left off based on the last completed page. As you click on the "next" button in the survey, the survey page saves itself. You will need to access the survey link from the original computer in order for the survey link to remember the last completed page that you left off from.

If you have any questions, please contact us at coordination@hrtransit.org.

According to federal guidelines, the Coordinated Plan should include:

- an assessment of existing services, providers, and users
- an assessment of current gaps and needs, as well as areas of duplication
- strategies and/or activities to address gaps and achieve efficiencies; and
- relative priorities for implementation

This survey is a key step in getting your input for all of these elements.

For the Hampton Roads area, this plan is being developed in partnership by the Hampton Roads Planning District Commission (HRPDC), the Transportation District Commission of Hampton Roads (Hampton Roads Transit or HRT), and Williamsburg Area Transport (WAT). The Commonwealth of Virginia will be a partner through the Department of Rail and Public Transportation (DRPT). HRPDC and WAT have asked HRT to take the lead for the local planning process.

Contacts

If you have any questions, please feel free to contact us at:

- Email: coordination@hrtransit.org
- Telephone: 757-222-6077

Click "Next" below to begin the survey.

Organization or Agency Information

1. Organization or Agency Information

Organization Name	<input type="text"/>
Street Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Website:	<input type="text"/>

2. Organization or Agency Mailing Address (if different):

Street Address or P.O. Box	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>

3. Organization or Agency Contact Person

Name	<input type="text"/>
Title	<input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>

The survey is now 10% complete.

A - Tell us about your organization.

4. Organization or Agency Type (please check one only):

- ☐ Public agency
- ☐ Private, non-profit
- ☐ Private, for-profit
- ☐ Tribal organization
- ☐ Faith-based organization
- ☐ Other (please specify)

5. Type(s) of client population served (please check all that apply):

- ☐ General Public
- ☐ Low-Income
- ☐ People with Disabilities
- ☐ Seniors
- ☐ Youth
- ☐ Families
- ☐ Other

6. How many individuals are served in each category:

General Public	<input type="text"/>
Low-Income	<input type="text"/>
People with Disabilities	<input type="text"/>
Seniors	<input type="text"/>
Youth	<input type="text"/>
Families	<input type="text"/>
Other	<input type="text"/>

7. What is the service area for your organization or agency? (Please list specific cities/counties or parts of cities/counties, where applicable)

8. Does your organization or agency currently provide or use transportation-related services?

- ☐ Yes
- ☐ No (Jump to Section C)

The survey is now 25% complete.

B - Describe Transporation Services Currently Used or Provided

9. What kind(s) of transportation-related services does your organization or agency currently provide or use? (Please check all that apply)

	Provide	Use
Arrange rides on other services	<input type="checkbox"/>	<input type="checkbox"/>
Operate with control (over service design and delivery)	<input type="checkbox"/>	<input type="checkbox"/>
Operate as contractor	<input type="checkbox"/>	<input type="checkbox"/>
Purchase transportation services (with control)	<input type="checkbox"/>	<input type="checkbox"/>
Subsidize services controlled by others	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please describe in the next question)	<input type="checkbox"/>	<input type="checkbox"/>

10. Please descibe any "Other" services if you checked that box on question #9 above.

11. How many one-way trips are provided or used in an average month? (Please count round trips as two one-way trips)

12. For what kinds of trip purposes do your clients currently take rides? (Please check all that apply, and indicate the 3 most frequent)

	Use	Most Frequent
Medical	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>
Employment	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>

Social services	€	€
Social or family	€	€
Recreation	€	€
Personal business	€	€
Religious activities	€	€
Veterans activities	€	€
Other	€	€

13. If there are trip purposes for which your clients cannot get rides, what are they and about how many one-way trips are desired each month for each purpose?

14. What days and hours does your organization or agency provide or use transportation service?

	Time of first pick-up	Time of last drop-off
Sunday	<input type="text"/>	<input type="text"/>
Monday	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>

15. If there are there additional times when service would be desired, please indicate when, and how many individuals would be using the service each day or time

16. How many vehicles of each kind below that are owned by the organization

or agency are used for client transportation?

Sedans	<input type="text"/>
Vans	<input type="text"/>
Buses	<input type="text"/>
Other (Please specify in the next question)	<input type="text"/>

17. Please specify any "Other" vehicle types if you checked that box on question #16 above.

18. Of the vehicles owned by the agency or organization that are used for client transportation; how many are designed to be wheelchair-accessible?

Sedans	<input type="text"/>
Vans	<input type="text"/>
Buses	<input type="text"/>
Other	<input type="text"/>

19. Do your organization or agency staff use any personally-owned vehicles for client transpotation?

No

Yes (please specify how many vehicles)

20. What is your organization or agency budget for transportation for the current year? (Please break out categories as best you can and give amounts in whole dollars.)

Operations	<input type="text"/>
Administration	<input type="text"/>
Maintenance	<input type="text"/>
Fuel	<input type="text"/>
Other	<input type="text"/>

Capital

In-kind services -- -- included in other parts of agency or organization budget

21. What fund sources pay for your transportation program? (check all that apply)

- ☐ Fares
- ☐ Contracts with agencies
- ☐ Local (City/County)
- ☐ State
- ☐ Federal
- ☐ Fares
- ☐ Donations
- ☐ In-kind services -- included in other parts of agency or organization budget

22. Please provide any additional specific details about the funding sources you checked in question #21 above, such as specfic grants, programs or funding agencies.

The survey is now 70% complete.

C - Future Directions

23. What is your organization or agency’s CURRENT fiscal year?

MM

DD

YYYY

Begins

/

/

Ends

/

/

24. Please summarize any problems you face in providing or securing adequate transportation for your clients.

25. Do you have any plans to add or expand transportation services in the next three years?

- jn

Yes
- jn

No (Jump to Section D)

The survey is now 78% complete.

C - Future Directions (Continued)

26. If you have any plans to add or expand transportation services in the next three years, please explain (e.g. what kind of service, where, for how many individuals)

27. How many vehicles, and of what type, are planned to be acquired during the next three years?

28. What fund source(s) do you plan to use?

The survey is now 88% complete.

D - Feedback

29. How do you think your organization or agency can benefit from coordinating with others?

30. What resources do you have to share?

31. If your organization or agency is not interested in coordination, or has had some negative experiences in previous attempts, please explain.

32. Please provide any other thoughts you have on how we can make this planning process effective.

E - Thank You!

We sincerely thank for you for your time and input.

If you have any questions, or want further information, please contact coordination@hrtransit.org.